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PTO/SB/01 (10-01)

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Attorney Docket Number

DECLARATION FOI DESIG	First Named Inventor	Todd R.	McNutt							
PATENT APPL	COMPLETE IF KNOWN									
(37 CFR 1	Application Number									
Declaration Submitted OR	Declaration Submitted after Initial	Filing Date								
		Art Unit								
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name								
As the below named inventor, I hereby declare that:										
My residence, mailing address, and o	citizenship are as stated belov	w next to my name.								
I believe I am the original and first inv	entor of the subject matter wh	nich is claimed and for which	ch a patent is sough	nt on the invention entitled:						
MANUAL TOOLS FOR	MODEL BASED IM	AGE SEGMENTA	TION							
WANDAE FOOLOT OR										
		·								
	(Title of the In	vention)								
the specification of which										
is attached hereto										
OR										
was filed on (MM/DD/YYYY)	was filed on (MM/DD/YYYY) 10/17/2003 as United States Application Number or PCT International 12/18/2003									
· .										
Application Number 60/530,488 and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										

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DECLARATION — Utility or Design Patent Application

				_					
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below									
Name									
Thomas E. Kocovsky, Jr FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP									
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Cleveland				ОН	ОН				44114-2579
Country		Telepho	ne			Fax			
US		216/861							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	VENTOR:			etition				s unsigr	ned inventor
Given Name (first and middle [if any]) I OOD Rt.					Family Name or Sumame MCNU I				
Inventor's	,	$\overline{}$							Date / /
Signature	1/14		7						12/17/03
Residence: City	State			Cour	itry			Citize	nship
VERONA	wi			us	us us				
Mailing Address 2643 STARDUST TRAIL									
City	State				ZIP				Country
VERONA	WI				5359	3			US
NAME OF SECOND INVENTO	NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name	Given Name								
(first and middle [if any]) Michael KAUS									
Inventor's Signature									Date
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Mailing Address					_				
ROENTGENSTRASSE 24-26									
City	State				ZIP			Count	ry
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Additional inventors or a tonal res	nnacantalise ant hei	ing pumed or	n the ONE	sumalem	nial che	of(s) PTO	USBJ02A	or 02l R :	atlached hurslo

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Name										
Thomas E. Kocovsky, Jr FAY, SHARPE, FAGAN, MINNICH & McKEE, LLP										
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Country		Telepho	e Fax			-				
US		216/861					/241-1			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	VENTOR:			etition	has b	een filed	for thi	s unsin	ned inventor	
Given Name (first and middle [if any]) TODD R.				petition has been filed for this unsig Family Name or Sumame MCNU					iou inventor	
Inventor's Signature									Date	
Residence: City	State			Cou	ntry		Citizenshlp			
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Mailing Address 2643 STARDUST TRAIL										
City	State				ZIP		,	Т	Country	
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name Family Name										
(first and middle [if any]) Michael				or Surgame KAUS						
Inventor's Signature	/~	~							Date	
Residence: City	State			Cour	ntrv	**		Citizer	shin	
HAMBURG	GERMAN			•						
Mailing Address ROENTGENSTRASSE 24-26										
City	State			7	ZIP			Count	y	
HAMBURG	22315 GERMANY					IANY				
Additional inventors or a legal representative are being named on the ONE supplemental sheet(a) PTO/SB/02A or 02LR attached hereto.										

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Vladimir Given Name			PEKAR amily Name r Surname							
Inventor's Signature		Date								
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Mailing Address										
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Name of Additional Joint Inventor, If any:										
Given Name			Family Name or Surname							
inventor's Signature				Date_						
Residence: City	State	Country			Citizenship					
Mailing Address										
Mailing Address	·									
City	State ZIP Count			Countr	try					
Name of Additional Joint Inventor, if any:										
Given Name			uily Name urname							
Inventor's Signature					Date					
Residence: City	State		Country		Citizenship					
Mailing Address										
Malling Address										
city	State		ZIP	Cou	intry					

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